

002082050200

**THIS IS NOT A BILL**

UniCare Health Plan of West Virginia, Inc.
Member Explanation of Benefits

PATIENT NAME: SAMUEL MANRIQUEZ**PATIENT #: 00603827279**

Claim Number	Service Number	Dates of Service	Paid to Provider	What You May Need to Pay	Procedure Description	Explanation Code(s)
2021083131004	0001	02/17/21 to 02/17/21	\$0.00	\$0.00	Radiology	153
THOMAS MEMORIAL HOSPITAL						
2021083131004	0002	02/17/21 to 02/17/21	\$19.64	\$0.00	Radiology	175
THOMAS MEMORIAL HOSPITAL						
2021083131004	0003	02/17/21 to 02/17/21	\$25.25	\$0.00	Radiology	175
THOMAS MEMORIAL HOSPITAL						
2021083131004	0004	02/17/21 to 02/17/21	\$46.74	\$0.00	Ct Scan	175
THOMAS MEMORIAL HOSPITAL						
2021083131004	0005	02/17/21 to 02/17/21	\$61.97	\$0.00	Ct Scan	175
THOMAS MEMORIAL HOSPITAL						
2021083131004	0006	02/17/21 to 02/17/21	\$86.01	\$0.00	Ct Scan	175
THOMAS MEMORIAL HOSPITAL						
2021083131004	0007	02/17/21 to 02/17/21	\$67.84	\$0.00	Ct Scan	175
THOMAS MEMORIAL HOSPITAL						

UWV-EOB-0010-19

Claim Number	Service Number	Dates of Service	Paid to Provider	What You May Need to Pay	Procedure Description	Explanation Code(s)
2021083131004	0008	02/17/21 to 02/17/21	\$151.71	\$0.00	Ct Scan	175
THOMAS MEMORIAL HOSPITAL						
2021083131004	0009	02/17/21 to 02/17/21	\$0.00	\$0.00	Emergency Room	ABF
THOMAS MEMORIAL HOSPITAL						
2021083131004	0010	02/17/21 to 02/17/21	\$0.00	\$0.00	Emergency Room	ABF
THOMAS MEMORIAL HOSPITAL						
2021083131004	0011	02/17/21 to 02/17/21	\$191.80	\$0.00	Emergency Room	175
THOMAS MEMORIAL HOSPITAL						
2021083131004	0012	02/17/21 to 02/17/21	\$0.00	\$0.00	Drugs	AAV
THOMAS MEMORIAL HOSPITAL						
2021083131004	0013	02/17/21 to 02/17/21	\$0.00	\$0.00	Drugs	AAV
THOMAS MEMORIAL HOSPITAL						
2021083131004	0014	02/17/21 to 02/17/21	\$0.00	\$0.00	Drugs	AKJ
THOMAS MEMORIAL HOSPITAL						
2021083131004	0015	02/17/21 to 02/17/21	\$0.00	\$0.00	Drugs	AKJ
THOMAS MEMORIAL HOSPITAL						
Totals			\$650.96	\$0.00		

Explanation Code Description:

AKJ - NDC's must only be billed for codes included in the rebate program.

AAV - One or more of the fields related to the National Drug Code (NDC) number, units or quantity is missing, incomplete, invalid, mismatched, or deactivated.

003177050200



An Anthem Company

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Member Explanation of Benefits

PATIENT NAME: SAMUEL MANRIQUEZ**PATIENT #: 00603827279**

Claim Number	Service Number	Dates of Service	Paid to Provider	What You May Need to Pay	Procedure Description	Explanation Code(s)
Provider Name						
2021083131004	0001	02/17/21 to 02/17/21	\$22.04	\$0.00	Radiology-Extremity	175
THOMAS MEMORIAL HOSPITAL						
2021083131004	0002	02/17/21 to 02/17/21	\$19.64	\$0.00	Radiology-Extremity	175
THOMAS MEMORIAL HOSPITAL						
2021083131004	0003	02/17/21 to 02/17/21	\$25.25	\$0.00	Radiology-Extremity	175
THOMAS MEMORIAL HOSPITAL						
2021083131004	0004	02/17/21 to 02/17/21	\$46.74	\$0.00	Ct Scan-Head/Neck	175
THOMAS MEMORIAL HOSPITAL						
2021083131004	0005	02/17/21 to 02/17/21	\$61.97	\$0.00	Ct Scan-Head/Neck	175
THOMAS MEMORIAL HOSPITAL						
2021083131004	0006	02/17/21 to 02/17/21	\$86.01	\$0.00	Ct Scan-Chest	175
THOMAS MEMORIAL HOSPITAL						
2021083131004	0007	02/17/21 to 02/17/21	\$67.84	\$0.00	Ct Scan-Spine	175
THOMAS MEMORIAL HOSPITAL						

UWV-EOB-0010-19

Claim Number Provider Name	Service Number	Dates of Service	Paid to Provider	What You May Need to Pay	Procedure Description	Explanation Code(s)
2021083131004 THOMAS MEMORIAL HOSPITAL	0008	02/17/21 to 02/17/21	\$151.71	\$0.00	Medical_Care	175
2021083131004 THOMAS MEMORIAL HOSPITAL	0009	02/17/21 to 02/17/21	\$0.00	\$0.00	Injection/Infusion	ABF
2021083131004 THOMAS MEMORIAL HOSPITAL	0010	02/17/21 to 02/17/21	\$0.00	\$0.00	Injection/Infusion	ABF
2021083131004 THOMAS MEMORIAL HOSPITAL	0011	02/17/21 to 02/17/21	\$191.80	\$0.00	Emergency Service	175
2021083131004 THOMAS MEMORIAL HOSPITAL	0012	02/17/21 to 02/17/21	\$0.00	\$0.00	Drug Non-Oral Admin	AAV
2021083131004 THOMAS MEMORIAL HOSPITAL	0013	02/17/21 to 02/17/21	\$0.00	\$0.00	Drug Non-Oral Admin	AAV
2021083131004 THOMAS MEMORIAL HOSPITAL	0014	02/17/21 to 02/17/21	\$0.00	\$0.00	Contrast Material	AKJ
2021083131004 THOMAS MEMORIAL HOSPITAL	0015	02/17/21 to 02/17/21	\$0.00	\$0.00	Immunization	AKJ
Totals			\$673.00	\$0.00		

Explanation Code Description:

175 - The doctor/facility agreed to accept a discounted rate for this service. The member is not responsible for any amount over the discounted rate.